Filed 12/04/19 Entered 12/04/19 15:09:19 Desc Main Case 19-13094 Doc 52 Document Page 1 of 5

Fill in this info	rmation to identify your	case:				
Debtor 1	Shannon S. Haddon					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF MASSAC	CHUSETTS			
Case number (if known)	19-13094-MSH					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

		<u> </u>
		assets of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	1,674,900.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	25,350.0
1c. Copy line 63, Total of all property on Schedule A/B	\$	1,700,250.0
t 2: Summarize Your Liabilities		
		liabilities int you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,230,877.8
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	11,741.9
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	17,120.7
Your total liabilities	\$	1,259,740.52
t 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,220.0
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,991.3
t 4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other s	chedules.
■ Yes What kind of debt do you have?		
	1a. Copy line 55, Total real estate, from Schedule A/B. 1b. Copy line 62, Total personal property, from Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 2c. Summarize Your Liabilities Summarize Your Liabilities Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. Your total liabilities Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J. 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your yes	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Shannon S. Haddon Case number (if known) 19-13094-MSH

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,220.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	11,741.92
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	11,741.92

Fill	in this informat	tion to identify yo	ur case:						
Deb	otor 1	Shannon S. I	Haddon			Ch	neck if	this is:	
							An	amended filing	
1	otor 2								ving postpetition chapter
(Spo	ouse, if filing)						13	expenses as or	the following date:
Unit	ted States Bankru	uptcy Court for the:	DISTRI	CT OF MASSACHUSETT	S		MN	I / DD / YYYY	
1	nown)	-13094-MSH							
O	fficial Fo	rm 106J							
S	chedule	J: Your I	Exper	ises					12/1
Be info	as complete a ormation. If mo mber (if knowi	and accurate as	possible eded, atta y questio	. If two married people and the control of the cont					
1.	Is this a join		iioiu .						
	■ No. Go to		n a conar	ate household?					
	☐ res. Doe s		ii a Sepai	ate nousenoid?					
	= :::	=	t file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	hold of D	ebtor 2	2.	
2.	Do you have	dependents?	□ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		_	Dependent's age	Does dependent live with you?
	Do not state	the							□ No
	dependents r				Son			13	Yes
									□ No
					Son			16	Yes
								00	□ No
					Son			20	■ Yes
					Son			29	□ No ■ Yes
3.	Do your exp	enses include		No					
		people other the your depender	ոan _	Yes					
Est	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp					
the	value of such	assistance and		government assistance i cluded it on <i>Schedule I:</i> \				Your expe	enses
(01	ficial Form 10	oi. <i>)</i>						Tour expe	
4.		r home owners d any rent for the		ses for your residence. I	nclude first mortgage	e 4.	\$_		5,000.00
	If not include	ed in line 4:							
	4a. Real e	state taxes				4a.	\$		0.00
		ty, homeowner's	s, or renter	's insurance		4b.			0.00
		•	•	upkeep expenses		4c.			0.00
_		owner's associat			and the state of	4d.	_		0.00
5.	Additional mortgage payments for your residence, such as home equity loans				5.	\$		0.00	

Utilities:			
Othities.			
6a. Electricity, heat, natural gas	6a.	\$	183.33
6b. Water, sewer, garbage collection	6b.	\$	83.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	175.00
6d. Other. Specify:	6d.	\$	0.00
Food and housekeeping supplies	7.	\$	200.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	0.00
Personal care products and services	10.	\$	0.00
Medical and dental expenses	11.	\$	25.00
	12.	\$	325.00
	13.	\$	0.00
	14.	\$	0.00
<u> </u>		-	
15a. Life insurance			0.00
15b. Health insurance			0.00
15c. Vehicle insurance	15c.	\$	0.00
· · · · · · · · · · · · · · · · · · ·	15d.	\$	0.00
· · ·	16.	\$	0.00
	47.	Φ.	
		· -	0.00
			0.00
· •		· -	0.00
• • •		\$	0.00
	18	\$	0.00
	10.	·	0.00
	10	Ψ	0.00
· · ·		our Income	
			0.00
			0.00
		·	0.00
			0.00
		·	0.00
		T	0.00
· • -			3.00
S .			5,991.33
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,991.33
, ,	23a.	\$	6,220.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	5,991.33
			·
	00	œ.	220 67
The result is your monthly net income.	23c.	\$	228.67
	6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Sche 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22 and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.	6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other. Specify: 6d. 6d. Chter. Specify: 6d. 6d. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. 15b. Health insurance 15b. 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15c. Vehicle insurance 15c. 15c. Vehicle insurance 15c. 15c. Vehicle insurance 15c. 15c. 15c. 15c. 15c. 15c. 15c. 15c.	6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other payments on a limony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18 \$ Other payments for we support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, hemoewner's, or renter's insurance 20c. Property, hemoewner's association or condominium dues 20c. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 21c. Add line 22a and 22b. The result is your monthly expenses. 22c. Add line 22a and 22b. The result is your monthly expenses. 23c. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income.

Explain here: The figures in Schedule J are his best estimate of his average monthly expenses.

☐ Yes.

Debtor 1	Shannon S. Haddon				
Debter 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Namo	Last Name		
United States E	Bankruptcy Court for the:	DISTRICT OF MASSAC	CHUSETTS		
Case number	19-13094-MSH				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to I	help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under putility of perjury, I declare that I have read the summary at that they are true and correct. Shannon S. Haddon	
Signature of Debtor 1 Date 12 9 ;	Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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